

## (ICLS) Interstate Common Line Support and Long Term Support 2003

DOCKET FILE COPY ORIGINAL

Date

To:

Marlene H. Dortch Office of the Secretary

Federal Communications Commission

445 - 12th Street, SW Washington, DC 20554

Irene M. Flannery Vice President - High Cost and Low Income Division Universal Service Administrative Company 2120 L Street, NW, Suite 600 Washington, DC 20037

Re:

CC Docket No. 96-45

Interstate Common Line Support and Long Term Support - ICLS

Annual Certification Filing

This is to certify that Park Region Matual Telephone Confiny will use its Interstate Common Line Support and Long Term Support - ICLS only for the provision, maintenance, and upgrading of facilities and service for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below. (Please enter your Company Name, State, and Study Area Code)

Company Name	State	Study Area Code
Park Region Mutual Telephone Company	MN	361450

(If necessary, attach a separate list of additional study areas and check this box.)

Dave B, ckett
[Printed Name of Authorized Representative]

Carrier's Name: Carrier's Address:

Carrier's Telephone Number.

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	Irene M. Flannery Vice President – High Cost and Low Income Divisi Universal Service Administrative Company 2120 L Street, NW, Suite 600 Washington, DC 20037	ion	
Re:	CC Docket No. 96-45 Interstate Common Line Support and Long Annual Certification Filing	Term Support - ICLS	
This is Supperfor whi	to certify that Valley Telephone Con ort and Long Term Support - ICLS only for the children is intended.	he provision, maintenance,	e its Interstate Common Line and upgrading of facilities and servi
	thorized to make this certification on behalf of the corelow. (Please enter your Company Name, State, as		ertification is for the study area(s)
	Company Name	State	Study Area Code
<u>Va.</u> /	lley Telephone Company		36/495
Signed [Signature [Printed]]	re of Authorized Representative]  Aug Bickett  Name of Authorized Representative]  MICLEO  Authorized Representative]	nd check this box.)	
	's Name: 's Address:		

Carrier's Telephone Number.